

**DEPARTMENT OF FINANCE AND ADMINISTRATION**  
**DONATION OF LEAVE FOR CATASTROPHIC ILLNESS OR INJURY**

I, \_\_\_\_\_, hereby request that \_\_\_\_\_ hours of  
(Name of Donor Employee)

personal leave or \_\_\_\_\_ hours of major medical leave presently credited to my account

be donated upon receipt of this signed form to \_\_\_\_\_  
(Name of Recipient Employee)

employed by \_\_\_\_\_.  
(Name of Agency)

\_\_\_\_\_  
(Signature of Donor Employee)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Office Director or Designee)

\_\_\_\_\_  
(Date Signed)